

**City of Dallas
200 Main St
Dallas, Ga. 30132
770 443-8108**

OCCUPATIONAL TAX APPLICATION RENEWAL

Mailing name and address: _____

Amount due from Financial Affidavit: _____

Principal Line of Business: _____

Email address: _____

Federal I.D.: _____

Business Location: _____

Phone number at this location: _____

Owners, Partners, Officers, ETC: _____

I (print name) _____

Being the (title) _____

Of the business firm named, do hereby register and apply for an Occupational Tax Certificate, and furthermore, do hereby certify that the information provided is true, correct, and complete.

Signature: _____ **Date:** _____